



# Connecticut Coalition for Environmental Justice

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## **Testimony Before the Appropriations Committee Public Hearing March 6, 2015**

### **Re: The Governor's Proposed FY 2016--2017 Biennial Budget**

#### **Testimony of Sharon Lewis Executive Director of the Connecticut Coalition for Environmental Justice**

My name is Sharon Lewis . I am the Executive Director of the Connecticut Coalition for Environmental Justice. The Connecticut Coalition for Environmental Justice is a 17 year-old grassroots organization concerned about the health effects of hazardous environmental exposures on low-income communities and communities of color. We provide the tools to empower them to change the environments that make them less healthy.

Today, I am here to speak against folding the Tobacco Settlement money into the General Fund. There are several reasons for my opposition but the primary two are 1. We receive funding from it for our Community Asthma Outreach and Education Program and 2. These funds are a designated source of funding for much needed services that improve the quality of life for people suffering from medical conditions related to cigarette smoking. If these funds go into the General Fund, there would be no guarantee of funding to support programs like ours.

Our program has been highly successful and has reached thousands of CONNECTICUT residents in our target cities of Hartford, Bridgeport, New Haven and beyond. Asthma is a problem of epidemic proportions in CONNECTICUT and hospitalization and emergency room rates in urban areas of the state are 2 to 3 times higher than the state average. It is the leading cause of school absenteeism and a leading cause of absenteeism at work for those who have asthma or for parents of children who have asthma. Frequent absences at work usually lead to firing. For school children, the frequent absences lead to a host of problems including aggression and depression from being so far behind their classmates and eventually dropping out from school altogether.

Through the Community Asthma Outreach and Education Program, we identify the people who are most likely to end up in the emergency room or admitted to the hospital due to asthma and educate them on how to manage their exposures to asthma triggers before they are hospitalized or rushed to the emergency room. Specifically, we educate people who live in

urban centers to be able to identify the potential asthma triggers and to spread the word to their family and friends.

The primary component of the program is Asthma Trigger Education which educates on the triggers that can produce breathing difficulties leading to asthma attacks. Through our AsthmaSpeakers Bureaus, trained lay people give presentations in churches, schools, public housing projects and homeless shelters to people who either have or are likely to know of someone with diagnosed or undiagnosed asthma. They explain how to control asthma episodes that can result in emergency room visits or hospitalization by avoiding asthma triggers and seeking out medical assistance early.

In 2014, as a result of several community listening sessions, we added a new component to our asthma education program. We educated urban residents about the relationship between pollution and their health, a neglected aspect of asthma education and much needed because many asthmatics are often not informed about the full impact of air pollution on their health. Nor are they asked questions about or educated about environmental or occupational exposures. We also began to educate about environmental and occupational exposures and prepared people to ask the appropriate questions. We prepare them for what to expect during the physical exams and the testing process. We also help them to compile their medical history--an important assessment tool for physicians--and give them journals so they can document the details of their episodes of wheezing, chest tightness, and coughing. This journal also provides details on how they feel when exposed to cigarette smoke, charcoal smoke, smoke from fires, second hand smoke, cleaning agents, perfumes, animals with fur or feathers, cold, stress, etc. All of the aforementioned make them better patients as they go to their doctors' appointments better prepared the FIRST time thus eliminating a second or third visit to obtain that information.

Asthma is a serious health and economic concern in CONNECTICUT. We pay dearly for asthma as taxpayers and users of the health care system. According to a 2012 CT Department of Public Health Report on the Burden of Asthma in Connecticut:

- In 2009 the cost of both inpatient and emergency care for asthma in Connecticut was \$112,854,345. MEDICARE OR MEDICAID paid 73.8 percent of the hospitalizations and 60 percent of the ER visits.

Our program improves the quality of life of asthmatics and saves the state money when we refer people who have symptoms of asthma to health professionals and avoid hospitalization or emergency room visits. ***If through our outreach and education work, we are able to reduce emergency visits by only one-half of 1% we will have saved the state more than the cost of the program.*** That's why it is so important to keep this prevention program.

I ask you not to eliminate this much needed fund for health of Connecticut's citizens who have asthma. Governor Malloy often refers to his Dyslexia. Somewhere along the path of his development, funds were available to help him to overcome his disability and he became Mayor of Stamford then Governor of this great state. Consider the possibilities of a child whose uncontrolled asthma is managed and allows her to become Governor or better yet President because funds were available to help HER along the way.

Thank you for your consideration of people with asthma and their families.